

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	2/29/00
O.I.P.E. CLASSIFIER	DR	32	3/3
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	mm	64800	5-2

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1 10	47
2 2	16
3 3	29
4 4	31
5 5	31
6 6	31
7 7	31
8 8	31
9 9	31
10 10	31
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If more than 150 claims or 10 actions
 staple additional sheet here

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